

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021113

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

4958

FILED MAY 31 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb D.O.A.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 8411 Church Road	
3. NAME OF DECEASED (Type or print) First Paul Middle E. Last Walker		4. DATE OF DEATH Month May Day 14 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Rubberoid Shinkle Plant	
11a. FATHER'S NAME Benjamin Walker		11b. MOTHER'S MAIDEN NAME Flora Spradley	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		13. SOCIAL SECURITY NO. 581.0	
14. NAME OF HUSBAND OR WIFE Mrs. Grace Reed, 8408 Church Road		15. INFORMANT Mrs. Grace Reed, 8408 Church Road	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion; Secondary; DUE TO (b) Incarcerated right inguinal hernia; DUE TO (c) Cirrhosis of the liver.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0	
17. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		18. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
19. TIME OF INJURY Hour 7:10 a.m. Month, Day, Year May 14 1962		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1300 clasp	
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis, Missouri	
23. CITY, TOWN, OR LOCATION St. Louis, Missouri		24. COUNTY St. Louis, Missouri	
25. I attended the deceased from 7:10 to 7:10 and last saw her alive on May 14 1962 Death occurred at 7:10 on the date stated above, and to the best of my knowledge, from the causes stated.		26. SIGNATURE (Degree or title) Joseph E. Smith, M.D.	
27. ADDRESS 1300 clasp		28. DATE SIGNED 5-16-62	
29. BURIAL, CREMATION, REMOVAL (Specify) burial		30. DATE 5-17-62	
31. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		32. LOCATION (City, town, or county) (State) St. Louis, Missouri	
33. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 E. Fair Ave. St. Louis 7, Missouri		34. DATE RECD. BY LOCAL REG. MAY 16 1962	
35. REGISTRAR'S SIGNATURE Paul Smith, M.D.		36. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Julius R Brown

Licensed Embalmer No. 5146

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.